

**BUTTE COUNTY
CHILDREN AND FAMILIES COMMISSION
Friday, May 17, 2002
Minutes**

Held at the Southside Community Center, the meeting was called to order at 8:46 a.m.

Commissioners present: Chair Patricia Cragar, Marian Gage, Gary House, Mark Lundberg, Sandra Machida, Karen Marlatt, Linda Moore, and Gene Smith.

Commissioners absent: Jane Dolan.

Staff present: Cheryl Giscombe, Gina Ellena, and Eva Puciata.

Item 1: Introductions and Agenda Review

Patricia Cragar opened the meeting by talking about the building, the new Southside Community Center facility.

The closed session (Program Manager Evaluation, Item 7) was delayed to the June meeting, due to lack of full commission attendance and limited time.

Item 2: Approval of *Draft* 4/19 Meeting Minutes

Gene Smith made a motion to approve the minutes as written. Karen Marlatt seconded. The motion passed unanimously.

Item 3: Approval of *Draft* FY 02-03 Operational Budget

Gary House said the proposed FY 02-03 budget is less than the current year's budget because Prop 10 is a declining revenue source, and our desire is to maintain a prudent reserve.

Mark Lundberg asked about the Governor's proposal for an additional tobacco tax. Prop 99, starting January 1, 2003, is expected to decrease Prop 10 funds, per the Association said Gene Smith.

Gene asked if the reserve was included in the budget. It was explained that the reserve is not on the budget page; it is shown in the Financial Projections document. The "uncommitted" (uncommitted in the ending FY) fund balance is the Reserve. Budgeted Revenues, shown on the Projections document as Projected Revenues, need to be included in the motion to comply with Auditor Wally Rowe's management letter of September 2001.

Gary pointed out that expenditures are over revenues for the next few years. Hopefully we'll get to a place where we're spending what we're receiving. We're in very good shape and are still operating on prior year revenues. The proposed FY 02-03 budget is very conservative. With the financial plan we will be formulating in the next few months, we'll be on target to manage our finances more deliberately.

Gene Smith made a motion to approve the suggested FY 02-03 Budget, the FY 01-02 and FY 02-03 Budgeted Revenues. Gary House seconded. The motion passed unanimously.

Item 4: Past Commission Chairs' Recognition Award

Patricia recognized Gary House, the first Commission chair. Gary led the expedition into the unknown, forming the Commission and moving us forward. Patricia presented Gary with a gold star paperweight, and a framed cartouche (created by Gina Ellena) listing Gary's accomplishments and holding his photo. Gary accepted, saying it is fun working with everyone, and expressed thanks.

Patricia recognized Gene Smith, our second chair, who kept the momentum going and guided us through some very important times for two years. Patricia presented Gene with a gold star paperweight and a framed cartouche also. Gene accepted, sharing that it was an honor to serve, and expressed appreciation of

the relationships within the Commission. The Butte County Commission is very collaborative and cooperative.

Patricia read a saying in honor of the two former chairs: "A hundred years from now it won't matter what my bank account was, the sort of house I lived in, or the kind of car I drove, but the world will be different because I was important in the life of a child."

Item 5: Strategic Plan Funding Allocation Prioritization – facilitated by Steve Kaplan, LCSW – UCLA Center for Healthier Children, Families and Communities;
with Butte County Economic Forecast presented by Dan Ripke, CSU Economic Development Center

Steve said it's great to be back in Butte, and said after he and his colleagues were here the last time, they came away with the impression shared by Gene: the Butte Commission works well together with great energy and dedication.

The recommendations made then are the focus of today's meeting: Making hard choices about where to put the money, to the most pressing and important needs. The process today is designed to give clarity to the prioritization process.

First we will look at where and on what money has been spent thus far, geographically and programmatically, then Dan Ripke will present a Butte County Economic forecast. Next we'll talk a bit about investing money and achieving results. After that the heart of the day: identifying specifically what the perceived needs of the community are, then looking at criteria to prioritize those needs, and finally do a preliminary allocation of funds by the prioritization of needs. A series of needs and a preliminary allocation by percentage will be had by the end of the day.

Having a surplus of funds when we finally started giving grants allowed us to fund any proposal that met our criteria. The Center for Healthier Children's view is that commissions should be in charge of what gets funded, rather than what proposals are submitted. A commission is the purchaser of services and is in leadership to determine what it wants to purchase.

Gary asked Steve if most commissions divide money by allocation, or is some portion of the money discretionary? Steve said both approaches are used. But as time goes on and revenues decline, being much more strategic about what is funded is necessary. We want to be able to say: that's what we wanted to purchase and those are the results we wanted. We don't want to fund just anything, and leave results to happenstance.

Marian said this presupposes the Commission has the knowledge to make the decisions. Steve answered that the Commission is a fiduciary of funds, and is accountable for how the funds get spent. It doesn't happen in isolation, we rely on input from advisory committees to give us information on which to make educated decisions. Where we want to get to is a preliminary idea as to what to do.

Steve asked if we have a growing reserve, why would we want to prioritize funding?

Gary said he envisions the priorities and reserve as a funnel. Lots of funds flowed in at first, but with declining revenues, in several years we'll be at the bottom of the funnel. The luxury of funding just anything will be lost. In several years, only a small number of projects will be funded with the reserve and proceeds generated by the reserve.

Marian said Prop 10 funds would not go away; funds will only decline.

The State said to do financial planning 10 years out, per Sandra, and doing our financial plan will show us how narrow the money funnel will be. Our SP shows over 33 different objectives, but eventually we'll have to carefully spend our nickel.

Steve said one of our big issues will be the reserve and when to use it, and how much to leave as a base reserve.

Cheryl referred to "Strategic Plan Objectives Covered by Current Contracts," a report written by Gina, showing what has been funded so far and how Strategic Plan objectives are addressed. The bolded numbers show how many grants address each objective. Some objectives were addressed more often than others, but all have been covered. We don't know what the outcomes are yet, or how many children we have benefited. The report also shows geographic coverage of the grants.

Gary asked if there are overlaps. There are overlaps; the last page in the packet shows what grantees are doing. Lots more areas than originally indicated in proposals are being covered, as one thing flows into another as work evolves. Two questions were asked of grantees: 1) If they were delivering services in particular communities, and 2) if they were serving people from those communities. There is fairly good geographic coverage, except for Gridley.

Progress reports show how successful grants are. Outlying areas have more problems delivering services. Places to hold programs are especially difficult to secure in Gridley, and even Chico is beginning to have facility problems because of population growth. Information given about the large grants is gleaned from the proposals, as work hasn't started yet.

Steve said, as an outsider he is a little bit skeptical that every single grant is covering every single category. Cheryl said the criterion for the large grants was coverage of all four-focus areas.

Sandra said we have to look at program outcomes to be able to assess whether the focus areas are covered. Each year a reanalysis will have to be done.

Dan Ripke then talked about the Butte County Economic forecast. The data should help us understand what is coming down the pike.

The Center for Economic Development is disseminator of info. Dan passed out a 125 page annual report to each Commissioner. The report talks about population, growth, quality of environment, etc.

Dan said Butte's population is just over 200K, with about a 1% growth rate, which is reflective of the State's growth. The numbers used are from the Dept. of Finance: birth, death certificates, driver's license address changes, etc. Looking at these is very accurate for rural counties, which have less migration than urban counties.

Butte County has about 2,000 births every year. Death rates are a little less at 1,800 per year. (The population fluctuation is mostly due to CSU migration.) Butte County has a low fertility rate. There will be about 15K (ages 0-9) children in 2010, 16K in 2020. In 2025 there will be about 70K kids, ages 0-19.

Rural counties have a high median age. Rural counties with prisons have a younger median age. The south central valleys have the youngest population in the state.

The largest Butte County employer is retail and services, second are local governments, third is health care. Statewide the numbers are quite a bit lower. The university is considered part of State government, a smaller employer in this area.

Sandra asked how many women of childbearing age are employed? New statistics came out Wednesday and Dan will be able to see how many single mother households there are, etc.

Linda asked if one could tell if families are waiting longer to have children. Dan answered that the hospitals keep that information.

Detailed info on health care for children, live births, etc., as compared to the State is on page 75. There has been a large decline in infant deaths in last few years, also a decline in number of teenage mothers, although Butte has a higher rate than the State overall. Birth rates are stable, but the age at which people are having babies is most difficult to predict. The age has changed dramatically.

Youth smoking is low in 7th grade; in 11th grade it is quite a bit higher. Marian said levels are now going down. Most underage people are given the cigarettes they smoke.

Gene asked Dan for data related to 0-5 year-olds only: the data listed in the booklet is for 0-9 year olds. Dan said to look at page 8; Gina said dividing by 9 and multiplying by 5 would extract the numbers.

The meeting adjourned for 5- minute bio break.

Steve said next, a "first draft" of the most important needs will be developed. He asked each Commissioner to list specifically what he/she thinks are the top five needs in the community for ages prenatal to 5. Steve wrote each item down on easel paper and posted them on the wall.

Marian listed:

- 1) Obesity and diabetes
- 2) Mental health, family therapy
- 3) School readiness, connecting children and families not in the ECE systems

- 4) Cross systems data collection and evaluation
- 5) Continued efforts to retain ECE providers with consistency in standards

Mark listed:

- 1) High quality prenatal care accessed early in pregnancy
- 2) Accessible comprehensive health care, including dental; emphasizing prevention
- 3) Parents ready to parent

Gene listed:

- 1) Professional development opportunities for ECE and Development providers
- 2) Support and training for parents
- 3) Continued support and training for early care and development
- 4) Develop a "How children are faring in Butte County" report card
- 5) Systems integration: data and evaluation; cross systems

Linda listed:

- 1) Health care for all kids (prenatal too)
- 2) Dental care
- 3) Raising quality of childcare providers
- 4) Mental health for preschoolers
- 5) Foster care

Karen listed:

- 1) More dental care providers for 0-5 age group
- 2) More mental health providers for all 0-5 children and their families
- 3) Retaining quality ECE providers, supporting the providers in outlining areas of county
- 4) Support and training for parents and providers working with children with disabilities
- 5) Preventative nutrition and healthcare: asthma, diabetes, allergies

Patricia listed:

- 1) Prenatal care for all women
- 2) Diagnostic assessment, health and mental, for all 0-5 children
- 3) All foster children receive services, not just those on Medi-Cal

Gary listed:

- 1) Early diagnosis, intervention and treatment for domestic violence
- 2) Substance abuse education and treatment

Sandra listed:

- 1) Better facilities
- 2) Home learning support for school readiness
- 3) Increasing salary and criteria for ECE providers
- 4) Increasing number of comprehensive child development programs. Head Start is model.
- 5) A better way of assessing and screening children early on; example is autism screening

Steve then posted the lists and asked Commissioners to combine similar/same things. There was much discussion as to which items were the same, and which included the most services.

Next, he asked Commissioners to go up to the posted list and check the 5 they thought were the most important, one vote per item, to come up with a preliminary list of the most important needs in Butte County.

Steve then asked everyone one to look at the Criterion table in the mailing packet. This was complied by the State Commission as important criterion regarding Prop 10 funding:

- 1) Size of need: Are a large number of children and families affected by the need?

- 2) High cost of waiting: Are the social and/or economic costs of not addressing the need now likely to be high?
- 3) Increasing need: Is the need growing/is the problem getting worse?
- 4) Severity of the need: Does the need have major consequences for the health and well-being of children and families?
- 5) High-need population: Does the need affect historically under-served or high-risk populations, including under-served geographic areas?
- 6) Potential to leverage: Are wide public and volunteer energies and resources available to join the commission in addressing the need?
- 7) Long-term benefit: Will the target population be benefited in the long run if the need is addressed now?

Steve asked Commissioners to rate each of the seven criteria 1 to 5, with 1 being low and 5 high. What is important regarding criteria? Steve then asked Commissioners to read off their ratings:

Criteria	Gary	Gene	Karen	Linda	Marian	Mark	Patricia	Sandra	Total
Size of need	4	5	5	5	4	3	5	3	4.3
High cost of waiting	5	4	4	4	4	4	4	5	4.3
Increasing need	4	3	3	5	3	3	3	2	3.3
Severity of the need	3	4	4	4	5	5	4	4	4.1
High-need population	3	5	4	3	3	3	3	3	3.4
Potential to leverage	4	2	4	4	4	4	4	4	3.8
Long-term benefit	3	4	4	3	5	5	5	5	4.3

Marian voiced concerned over the low score for retention: only one vote! Retention is a big part of our SP. Did people not vote for it because existing funding is allocated for it? Linda said maybe people thought professional development was the same as retention; no one does ECE for the salary anyway. Marian said professional development does not necessarily tie to salary, and asked to include retention in professional development.

Steve then scored the listings on the posted pages. The “winners” (for right now) were:

1. Professional development
2. Comprehensive, prevention oriented health care
3. Outreach to families
4. Family based mental health services
5. Diagnostic assessment

Steve then directed Commissioners to the matrix titled “Step Two: Rate needs according to the selected criteria.” He said we’re going to start bringing things together, and explained how the matrix works. He asked Commissioners to list the five identified needs down under the Needs column, and list the seven identified Criteria across the top. Then each Commissioner was to rate the rate needs, 1 – 10, with 10 being a high need.

Steve next collected the Commissioners “Rate needs by Criteria” pages, and Gina and he collated the numbers during lunch, multiplying the total by the rating the Commissioners gave it previously, to rank the five needs according to the criteria.

Chef Michael Isles and students served a lunch from the Chico Culinary Academy. The lunch was well presented, extremely visually pleasing, and delicious. Commissioners raved over the beautiful display and applauded the Chef and culinary students.

Steve read the results: Comprehensive health was rated the highest, for a total of 2111. Second was Diagnostic Assessment, 2088. Third and fourth were the same, Mental Health, and Outreach to Parents, at 1861 and 1860. Fifth was Professional Development, with 1773. These are the Commission's priorities in relationship to the Commission’s weighted criteria and the needs the Commission came up with.

Marian recommended that substance abuse and domestic violence be combined into the listed Family-based Mental Health and Capacity issues.

Steve asked Cheryl to talk about money. Cheryl referred to the green Financial Actuals and Projections handout. It lists all our commitments, projected revenues, and our projected fund balance of uncommitted funds at the end of each fiscal year. (When we talk about the reserve, we are referring to the "uncommitted" funds.) After the current fiscal year, we expect to have about \$4,782K. The projections show a 5% decrease in monthly revenues (from FY 00-01 to FY 01-02 the decrease will actually be about 3.7%). The projections are the best estimates we can give. At the end of FY 02-03 and FY 03-04 the fund balance is expected to continue to be slightly in excess of \$4 million. Because our big grants will cycle out in 03-04, our fund balance will go up, unless the Commission commits to new projects yet unknown.

Cheryl said we're hoping the Commission will decide to concentrate dollars to priority areas determined in this process. And, what percentages? There will also be State funded initiatives to consider. We could use the same process to include those initiatives in the process too.

Gina said some of the determined priorities are already being funded with the big and mini-grants.

Soon we'll be doing a workshop to come up with a long-term financial plan. Gary asked, what is the value of what we've done today? Steve answered that this prioritization prepares us to do a financial plan, if we go into it with a sense of what percentages of the pie go to what areas, and what percentages will be considered for the State initiatives like School Readiness and REWARDS.

Steve then divided the Commissioners into three groups. He asked them to come up with percentage of fund recommendations to allocate to the five determined needs.

Gina and he then compiled the results:

1. Comprehensive health –21%
2. Diagnostic Assessment –23%
3. Mental Health –21%
4. Outreach to Parents –15%
5. Professional Development –18%

Steve noted that some higher priorities received lower scores. Marian said this was because of leveraging; these priorities already had a lot of resources flowing to them. Some things like Outreach to Parents may have to be front-ended, and then as capacity is built, the funding to it can be decreased. The question has to be asked: which of the areas do we see increasing need for funding, and which do we see decreasing need for Prop 10 funding over a period of time?

Steve said the percentages show we want to spend most of our uncommitted fund balance in Diagnostic Assessment, equal amounts of money in Comprehensive Health and Mental Health, and more money in Professional Development than in Outreach to Parents. When we go into financial planning, we'll have these percentages as background information. We'll want to take into account School Readiness: our plans for it, and look at other things in terms of timing as Marian indicated: front load, etc.

Gene said we could choose to have every proposal address certain needs, like outreach to parents.

Steve said we are the purchaser of services, what is the return on our investment? We have to look at the results accountability framework, the four-quadrant stuff. What are we doing? Is it doing any good? Have we changed anything concerning the status of our children? What outcomes are we purchasing? We need to move from: "We want more mental health services," to, "We want mental health services that better outcomes for children ages 0-5."

Mark voiced appreciation for the prioritization process, but he needs more time and discussion on each item. What does "diagnostic assessment mean" for example? Steve said he wanted more time to spend on articulating and specifying needs, and to look for outcomes to mitigate the determined needs. To find providers who can provide wanted outcomes, details have to be ironed out. The Commission is looking for a return on its investment, a good result for the money spent. The things that did not make it to the top five are

still relevant in our planning. As the money shrinks, we have to be more specific as to what we'll do for the community with Prop 10 money.

Gene asked how to include our advisory groups in the prioritization process. Today we came up with the Commission's vision. Is it fair to bring the partners in at this stage of the process? Should partners do the same exercise? Steve answered to ask the groups for feedback. We have done some preliminary work. Ask if we missed the mark, or are we on target? What outcomes should we look for? It'd be great to have all the info before we go into the financial planning meeting. We want to get to a place of prioritization, which is different from what we had in our original plan so that we can be able to make tough decisions. Our original plan had four areas and lots of ideas, but with shrinking monies, funding anything will soon be over.

Patricia asked if Steve could help us with our next steps, and he answered he'd check the contract, only a small dollar amount is allocated for direct county TA. Gary asked if he has progressed further with other Commissions, and said we have to go forward with prioritization in a structured manner.

Mark voiced reluctance to put our result out as our plan. We need to "fight" about it some more, do more discussion, and take more time. What do we mean by the terms? More clarification and development is needed. More deliberation is needed. Marian agreed.

Gina said financial planner Barbara Riley will come up and train staff first, then staff will attend a workshop in Sacramento in the middle of June. Next staff will create a plan to run by the Administration Committee, who will take the plan to the full Commission. So the full plan will be ready for the full Commission in August.

It was decided that the June meeting would be from 8:30 am to 1 pm, to finish the process. The meeting on June 21 will begin with the closed session.

Commissioners applauded Steve Kaplan and thanked him for his work.

Item 6: Open Comments, & Announcements

Debbie Henley, Butte County Public Health, said the process has been good. As a member of a few of the advisory groups, she has no problem with being presented with "this is what the Commission has determined are priorities." What she will ask, however, is to have the ideas flushed out more, so that we don't feel like were starting over, going back two years ago when we worked on the SP. A Commissioner could come to the Advisory Partners meetings and report prioritization findings to them.

Marian asked Staff to before the next meeting, to look at which SP outcomes fit in the priorities determined today. We may need to get more specific. Steve said to consider data related to the areas.

Laurie Aumack, CHP Plus, Home Health Care Mgmt., asked about the current petition to increase the tobacco tax in Butte County. It was answered that the tax is a different, unrelated pot of money.

The meeting adjourned at 12:23 p.m.

Minutes by Eva Puciata.